

GENERAL OPERATING SUPPORT BUDGET FORM 4-B

Neatly handwritten or type. Fill in all questions and fields. Round to nearest dollar.

Organization: _____ Federal Tax ID# _____
Your fiscal year begins: _____ and ends: _____

Do not include income or expenses that are part of your organization’s capital budget. Expenses for the past fiscal year should be actual costs, supported by **certified** financial statements. Include numbers of full-time employees (FTE). When income and expenses vary more than 25% in specific line items from one year to the next, include one additional page explaining the increase or decrease, and reference the categories.

EXPENSES

	Past Fiscal Year (actual)	Past Fiscal Year (actual)	Past Fiscal Year (actual)	Current Fiscal Year (estimated)	Next Fiscal Year (projected)
Staff (include salary and benefits)					
Administrative # FTE _____					
Artistic # FTE _____					
Technical #FTE _____					
Production #FTE _____					
Subtotal					
Outside Fees And Services					
Artistic (guest artists)					
Other					
Subtotal					
Production (Itemize)					
Space/Facilities					
Travel (itemize)					
Marketing/Promotion					
Remaining Operating Expenses					
Fund Raising					
Phone/Postage					
Rentals (other than facility)					
Supplies/Materials					
Insurance					
Concession/Sales					
Other					
TOTAL CASH EXPENSES:	\$	\$	\$	\$	\$
CAPITAL EXPENDITURES AND ACQUISITIONS					

Complete this information, if applicable:

CASH RESERVE
ACCUMULATED ORGANIZATIONAL DEBT
CAPITAL CAMPAIGN OVERALL GOALS
ENDOWMENT CAMPAIGN GOALS

GOS Applicants: Do not include income or expenses that are part of your capital budget. Expenses for the past fiscal year should be actual costs, supported by **certified** financial statements.

Organization: _____ Federal Tax ID# _____

INCOME

	Past Fiscal Year (actual)	Past Fiscal Year (actual)	Past Fiscal Year (actual)	Current Fiscal Year (estimated)	Next Fiscal Year (projected)
Total Admissions					
Season Ticket Sales					
Single Ticket Sales					
Total Contracted Services					
Workshops/Classes					
Government Contracts					
Performance/Residency/Fees					
Other					
Total Other Revenue					
Subscriptions					
Memberships					
Concessions/Sales/Shops					
Fund-raising Events					
Interest Earned					
Miscellaneous					
Total Contributions					
Corporate					
Individual					
Board Member					
Affiliated Organization					
Foundation Grants					
Total Government Support					
Federal					
Regional					
State (include ICA funds)					
County/City					
TOTAL CASH INCOME:	\$	\$	\$	\$	\$